



DEPARTMENT OF VETERANS AFFAIRS

Billing Code 8320-01

[OMB Control No. 2900-0781]

Proposed Information Collection (Disability Benefits Questionnaire (Group 4))

Activity: Comment Request

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs

ACTION: Notice

#### SUMMARY:

The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the Federal Register concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

The VA Form 21-0960 series will be used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits. The Disability Benefit Questionnaire title will include the name of the specific disability for which it will gather information. VAF 21-0960C-3, *Cranial Nerve Conditions Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any cranial nerve condition; VAF 21-0960C-6, *Narcolepsy Disability Benefits Questionnaire*, will gather information related to the

claimant's diagnosis of narcolepsy; VAF 21-0960C-7, *Fibromyalgia Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of fibromyalgia; VAF 21-0960C-11, *Seizure Disorders (Epilepsy) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any seizure disorder including epilepsy; VAF 21-0960D-1, *Oral and Dental Conditions Including Mouth, Lips and Tongue (Other than Temporomandibular Joint Conditions) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any oral or dental conditions; VAF 21-0960E-2, *Endocrine Diseases (Other Than Thyroid, Parathyroid, or Diabetes Mellitus) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any endocrine disease including cushings and acromegaly however, excluding diabetes; VAF 21-0960E-3, *Thyroid & Parathyroid Conditions Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any thyroid or parathyroid condition; VAF 21-0960H-1, *Hernias (Including Abdominal, Inguinal, and Femoral Hernias) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of abdominal, inguinal, or femoral hernias; VAF 21-0960I-2, *HIV-Related Illness Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any HIV-related illness; VAF 21-0960I-3, *Infectious Diseases Other Than HIV-Related Illness, Chronic Fatigue Syndrome, and Tuberculosis Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any infectious diseases; VAF 21-0960I-4, *Systemic Lupus Erythematosus (SLE) and Other Autoimmune Diseases Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of lupus or other immune disorders; VAF 21-0960I-5, *Nutritional Deficiencies*

*Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of nutritional deficiencies; VAF 21-0960J-4, *Urinary Tract ( including Bladder & Urethra) Conditions (excluding Male Reproductive System) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any urinary tract or bladder condition; VAF 21-0960L-1, *Respiratory Conditions (Other than Tuberculosis & Sleep Apnea) Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of any respiratory condition; VAF 21-0960N-3, *Loss of Sense of Smell and/or Taste Disability Benefits Questionnaire*, will gather information related to the claimant's loss of sense of smell and taste; VAF 21-0960N-4, *Sinusitis/Rhinitis and Other Conditions of the Nose, Throat, Larynx, and Pharynx Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of sinusitis/rhinitis or other diseases of the nose, throat, larynx, or pharynx; VAF 21-0960Q-1, *Chronic Fatigue Syndrome Disability Benefits Questionnaire*, will gather information related to the claimant's diagnosis of chronic fatigue syndrome.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Submit written comments on the collection of information through Federal Docket Management System (FDMS) at [www.Regulations.gov](http://www.Regulations.gov) or to Nancy J. Kessinger, Veterans Benefits Administration (20M33), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420 or e-mail to

nancy.kessinger@va.gov. Please refer to "OMB Control No. 2900-0781" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Nancy J. Kessinger at (202) 632-8924 or FAX (202) 632-8925.

SUPPLEMENTARY INFORMATION:

Under the PRA of 1995 (Public Law 104-13; 44 U.S.C. 3501 – 21), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Disability Benefits Questionnaires (Group 4).

OMB Control Number: 2900-0781.

Type of Review: Revision of a currently approved collection.

Abstract: The VA Form 21-0960 series will be used to gather necessary information from a claimant's treating physician regarding the results of medical examinations. VA will gather medical information related to the claimant that is necessary to adjudicate the claim for VA disability benefits.

Affected Public: Individuals or households.

Estimated Annual Burden: 53,750.

Estimated Average Burden Per Respondent:

- i. VAF 21-0960C-3 – 30 minutes
- ii. VAF 21-0960C-6 – 15 minutes
- iii. VAF 21-0960C-7 – 15 minutes
- iv. VAF 21-0960C-11 – 15 minutes
- v. VAF 21-0960D-1 – 15 minutes
- vi. VAF 21-0960E-2 – 15 minutes
- vii. VAF 21-0960E-3 – 15 minutes
- viii. VAF 21-0960H-1 – 15 minutes
- ix. VAF 21-0960I-2 – 15 minutes
- x. VAF 21-0960I-3 – 15 minutes
- xi. VAF 21-0960I-4 – 30 minutes
- xii. VAF 21-0960I-5 – 15 minutes
- xiii. VAF 21-0960J-4 – 15 minutes
- xiv. VAF 21-0960L-1 – 30 minutes
- xv. VAF 21-0960N-3 – 15 minutes
- xvi. VAF 21-0960N-4 – 30 minutes
- xvii. VAF 21-0960Q-1 – 15 minutes

Frequency of Response: One time.

Estimated Number of Respondents: 160,000.

By direction of the Secretary.

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VA Privacy Service,  
Office of Privacy and Records Management,  
Department of Veterans Affairs.

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